

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
							CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*	*	*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
1								51					
2								52					
3								53					
4								54					
5								55					
6								56					
7								57					
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42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	6							TOTAL IND.					
TOTAL DEP.								TOTAL DEP.					
TOTAL CLAIMS	71							TOTAL CLAIMS					